

D/517999

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL INC.	7						TOTAL INC.		
TOTAL DEP.	36						TOTAL DEP.		
CALC.	47						CALC.		

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS